Entered - 07/23/01 - sb CL01L0462 - DIANNE C. MITCHELL 01- K-1249

CLAIM OF: ADRIENNE L. COLEMAN 6040 Sweet Creek Road Duluth, Georgia 30097

For damages alleged to have been sustained as a result of vehicular damage due to an unsecured metal plate at 3rd Street between Peachtree and West Peachtree Streets on June 3, 2001.

THIS ADVERSED REPORT IS APPROVED

BY: 100alin Ku	bens Newell
ROSALIND RUBENS NEWEI	LL
DEPUTY CITY ATTORNEY	ADVERSE OF CO
	CHYCERCE SEP 0 4 2001
ADVERSE REPORT PUBLIC SAFTEY & LEGAL ADMINISTRATION COMMITTEE DATE: SEP 0 4 2001	SEP 0 4 2001
CHAIR: C. T. Marlin	ATLANTA CITY COUNCIL PRESIDENT
Olda Wenslow	Transce of Patter
	GERTIFIED D
	MUNICIPAL OLGAK



RHONDA DAUPHIN JOHNSON, CMC MUNICIPAL CLERK

55 TRINITY AVENUE, S.W. SECOND FLOOR, EAST SUITE 2700 ATLANTA, GEORGIA 30335 (404) 330-6033 FAX (404) 658-6103

September 7, 2001

Adrienne L. Coleman 6040 Sweet Creek Road Duluth, Georgia 30097

01-R-1249

Dear Ms. Coleman:

I sincerely regret that you have been adversely affected by the circumstances raised in your claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your claim at its regular meeting on September 4, 2001. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division at (404) 330-6400**.

Yours very truly,

Rhonda Dauphin Johnson, CMC

Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. <u>01L0462</u>	Date: <u>August 1, 2001</u>
Claimant /VictimADRIENNE L. COLEM	IAN
BY: (Atty)(Ins. Co.)	11 11 1
Address: 6040 Sweet Creek Road	Duluth Georgia 30097
Subrogation: Claim for Property damage	Duluth, Georgia 30097 \$Bodily Injury \$
Date of Notice: 07/09/01 Method:	Written, proper X Improper
Conforms to Notice: O.C.G.A. 836-33-5	X Ante Litem (6 Mo.) X
Date of Occurrence 06/03/01	Place: 3 rd Street between Peachtree and West Peachtree Stree
Denartment D	ivision.
Employee involved	ivision:Disciplinary Action:
	hicle was damaged when she drove over an unsecured metal plate
	ne roadway. The investigation determined that the plate is the
	orwarded to the Georgia Power Company for handling and the
claimant has been advised of this action.	
INVESTIGATION:	
Statements: City employee Claimant	Others X Written Oral X
Pictures Diagrams Reports: P	olice Dept Report Other
Traffic citations issued: City Driver	Claimant Driver
Citation disposition: City Driver	Claimant Driver
BASIS OF RECOMMENDATION:	
Function: Governmental	Ministerial s Other Damages reasonable rejected Compromise settlement
Improper Notice More than Six Month	s Other Damages reasonable
City not involved X Offer r	rejected Compromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City Negligent_	Joint Claim Abandoned
	Respectfully submitted,
	\sim / \sim
(Mun Charles
	INVESTIGATOR - DIANNE C. MITCHELL
DECOMMEND A MICH	
RECOMMENDATION;	
Pay \$Adverse X/	Account charged: 1A01 2J01 2H01
Claims Manager:	Concur/date 07-01-01
Committee Action:	Council Action
	~ ~ MAAAAA A AAAAAA

FORM 23-61

COUNCIL OF THE CITY OF ATLANT RECEIVED MUNICIPAL CLERK City Hall 11.1 0.0 2001

RE: CLAIM FOR DAMA

JUL 0 9 2001

Today's Date: _

55 Trinity Avenue, S.W. Atlanta, Georgia 30335

ENTERED - 7-23-01 - SB 01L0462 - DIANNE MITCH DIANNE MITCHELL

Dear Municipal Cle	arv.	UNICIPAL OLLIN			
This is to notify the	City of Atlanta that I ha	ive suffered damages in the jury for which I contend th	0 011, 10 11-0101		property
1. Date of incident	t: <u>Jone 3, 2</u> (month/day/ yea	2. Time of Inc	eident: 3:45 pm	3. Police called: Yes	No
4. Location of inci	ident (including street ad	dress): 5' Stree	A between	feach-tree a wea	tt reach
6. State what and	how incident occurred:	OUT Car	ran ou-	er a giar	7+
hole ir	, the stre	ect that	was only	y partiall	4
covered 1	by a stee	I plate, A-	Fter driving	a few i	miles
he front	the came o	ff wheel. T)amage to -	rously hort.	sheels.
7. ALL ESTIMA	TES AND DAMAGES	AND ONE IN C S ARE SUBJECT TO IN DENIED AND MAY RE	SPECTION. THE M.	AKING OF FALSE CLA	IMS WILL
3. The registered proof of owners	owner must make the c ship of your vehicle (cop	laim for vehicle damages, y of the current tag receipt	or title).	and attach two (2) estimates	
Your vehicle: _	Volvo 5-8	$\frac{999}{\text{(Year)}}$		Robert L. (Driver's Name)	Colema
	(Make)	(Year) (Ta	g Number)	(Driver's Name)	
City vehicle: _	(Make)	(City Driver's Name	;)	(Department/Bureau)	
Witness:	(Name)	(Address)		(Telephone Number)	
10. The acknowled State law, nor is	dgment of this claim s it an admission of liabi	in no way waives the S lity on behalf of the City of	overeign immunity of Atlanta and/or its emplo	the City of Atlanta, as oyee(s).	granted by
11. This claim sho	uld be mailed immedia	tely to the address shown	above.	· 1	
I HEREBY SWEAR OR AFFIRM THAT THE ABOVE		Howenr	CC 4. 6 6.	nan	
INFORMATIO	N IS TRUE AND COR	RECT.	(1 1111	i Claimain 3. vanic)	
Signature of Cla	simont	W	6070 3000	(Address)	190
-Signature of Cit	aimant "		Duluth	t Creek Ro (Address) Georgia	30097
			(City,	State and Zip Code)	
				770.495	6477
01- R	½ -1249		(Work Number)	(Home Numb	ber)

Atlanta City Council

Regular Session

MULTIPLE	Public	Safety	Consent	Agenda	except	#15
1249			ADOPT	r		

YEAS: 15
NAYS: 0
ABSTENTIONS: 0
NOT VOTING: 1
EXCUSED: 0
ABSENT 0

Y McCarty	Y Dorsey	Y Moore	Y Thomas
Y Starnes	Y Woolard	Y Martin	Y Emmons
Y Bond	Y Morris	Y Maddox	Y Alexander
Y Winslow	Y Muller	Y Boazman	NV Pitts